

# **EXHIBIT H**

NEW YORK STATE  
DEPARTMENT OF LABOR

## DIVISION OF LABOR STANDARDS

Case Number: LS012009002453  
 Period Involved 10/21/02  
 From: 10/17/08  
 To: 10/17/08

STIPULATION  
(MONETARY)

(the "Payment").

It is hereby agreed by and between the undersigned employer and the Department of Labor, Division of Labor Standards, that the above captioned Wage or Supplement Claim and/or Minimum Wage Underpayment for the period listed above is to be resolved in full for the sum indicated below which shall include interest computed at ~~percent~~ and a civil penalty. These monies shall be paid to Commissioner of Labor in the manner set forth below. The aforesaid amount is acknowledged to be for resolution purposes only and does not constitute an admission of violation by the employer. \*

Failure to remit the full payment on or before the date(s) provided herein, shall render this agreement void and will result in the matter being remitted to the Commissioner of Labor for the issuance of an "Order to Comply" and the imposition of the maximum interest and penalty as provided by law.

## SCHEDULE OF PAYMENTS:

AGREED AMOUNT OF WAGES <del>TO BE</del> <u>PAID</u>	INTEREST	PENALTY	TOTAL	DUE DATE
\$27,108.30 - overtime	zero (0)	zero (0)	27,108.30	30 days
\$32,891.70 - wage supplements	zero (0)	zero (0)	32,891.70	30 days

\* The Payment is in full and final satisfaction of all (i) claims of unpaid wages and wage supplements, including, without limitation, wages, overtime compensation, vacation, holiday, bereavement, sick pay or other leave; and (ii) penalties, interest or damages of any kind whatsoever related to the claims herein. The Payment does not satisfy any claim for health and medical, dental or out-of-pocket health costs.

Name of Firm: Coty Inc.Address: 2 Park Avenue

FEIN Number: \_\_\_\_\_

Employer's Signature: Lori Rosario-GriffinName and Title: Lori Rosario-Griffin, Corporate Counsel

New York State Department of Labor

By: J. RodriguezDate: 1/19/2010

Ohan Karagozian

STATE OF NEW YORK  
DEPARTMENT OF LABOR



DIVISION OF LABOR STANDARDS

### AUTHORIZATION FOR WAGE RESOLUTION

WAGE CLAIM CASE NO. <b>LS01 2009002453</b>
WAGE SUPPLEMENT CLAIM CASE NO. 
UNDERPAYMENT UNDER MINIMUM WAGE ORDER PART NO. <b>142</b>

I, Ohan Karagozian

residing at 62 Asylum Street, New Haven, CT 06519

state that a New York State Department of Labor representative has fully explained to me the relevant details and findings in the investigation of my claim(s), identified by the above referenced claim identification number(s).

I do hereby direct the Commissioner of Labor to accept the sum of \$ 60,000.00 (gross) in full resolution of my claim for wages or wage supplements due me from:

Name of Firm COTY  
Address 2 Park Avenue  
New York, NY 10016

I understand that upon my receipt of the sum indicated above, all matters pertaining to payment of unpaid wages and/or supplements, within the period of this claim, are fully resolved. I further understand that upon my receipt of the sum indicated above, the New York State Department of Labor will take no further action on my behalf regarding this claim. *THIS AGREEMENT PERTAINS TO MY STATE CLAIM.*

*SEPARATELY EXCLUDED ARE ISSUES PERTAINING TO  
HEALTHCARE PAYMENTS AND PENSION BENEFITS.*

  
Signature of Claimant

WITNESSED BY \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_, 20\_\_\_\_

LS 673E